



CERTIFICATE OF MAILING

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VA 22313-1450 ON

Donna J. Nivalo
NAME OF PERSON MAILING DOCUMENT

4/1/05
DATE

Attorney Docket No. B45106C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Petterson-Fernholm, *et al.* 07 December 2004
Serial No.: 10/735,098 Group Art Unit No.: 1645
Filed: 12 December 2003 Examiner: Jennifer E. Graser
For: Neisseria Lactoferrin Binding Protein

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT & RESPONSE

In response to the Office Action mailed 28, January 2005, the Applicants respectfully request
entry into the record and consideration of this amendment and response.

Amendments to the Claims begin on Page 2 of this paper.

Remarks/Arguments begin on Page 5 of this paper.

04/19/2005 GDUCKETT 00000007 192570 10735098

01 FC:1201	200.00 DA
02 FC:1202	600.00 DA
03 FC:1203	360.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Design Number:

10/735098
B45106 C1

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

12/12/03

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	21	= -
Independent	2	Minus	3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

12/10/04

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	21	= -
Independent	2	Minus	3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

04-06-05

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	33	Minus	21	= 12
Independent	4	Minus	3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input checked="" type="checkbox"/>				

40, 56, 57, 58

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS 18=	12
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	788

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS 18=	600.
X43=		OR	X86=	200.
+145=		OR	+290=	360.
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	1160.

paid